

**EXECUTIVE LOBBYING  
REGISTRATION/ RENEWAL FOR  
THE YEAR OF 2007**

(Fill in year.)

**Instructions**

1. Print in ink or type.
2. Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70806, (225) 763-8777 or (800) 842-6630.
3. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Richard John Scott  
Last First MI

2. BUSINESS PHONE 225-978-2317  
Area Code and Phone Number

3. FAX NUMBER 225-261-1040

4. BUSINESS ADDRESS 17628 Lake Vista Dr Greenwell Springs LA 70739  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

5. EMPLOYER Eisai Pharmaceuticals

6. EMPLOYER'S ADDRESS 100 Tice Blvd Woodliff Lake NJ 07677  
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or groups (d) whether or not the client or someone else pays you to lobby.

1. Name Eisai Pharmaceutical  
Address 100 Tice Blvd Woodliff Lake NJ 07677  
Business or purpose Sales  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_

**391**  
**Executive Lobbying Registration Fee**

**FOR OFFICE USE ONLY**

Postmark Date: 4-2-07

Ren2007  
VA080296  
\$110  
wmi

**3061889**

# EXECUTIVE LOBBYING REGISTRATION FORM

1341
Executive Lobbying Registration No.

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

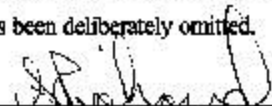
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist



**EXECUTIVE LOBBYING  
REGISTRATION/RENEWAL  
ATTACHMENT FORM**



**Instructions:**

- ! Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- ! Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- ! Please identify each page with a page number and indicate the total number of pages being submitted.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_